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7590

06/02/2005

Samuel H. Dworetzky

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P.O. Box 4110

Middletown, NJ 07748-4110

09/07/2005 HDEMESS2 00000115 09910090

01 FC:1501

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Thomas M. Isaacson	(Depositor's name)
<i>[Signature]</i>	(Signature)
Sept. 2, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/910,090	07/20/2001	Mehryar Mobri	2001-0226A	2371

TITLE OF INVENTION: SYSTEM AND METHOD OF EPSILON REMOVAL OF WEIGHTED AUTOMATA AND TRANSDUCERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/02/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS	09/07/2005 HDEMESS2 00000116 502960 09910090		
WOZNIAK, JAMES S	2655	704-257000	01 FC:8001	9.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.263).  
☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AT&amp;T Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NEW YORK, N.Y. 10013

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 3

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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502960 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*[Signature]*

Date

9-2-05

Typed or printed name

Thomas M. Isaacson

Registration No.

44, 166

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